



March 2003

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: dderkoorkanian@hrsa.gov

LATE BREAKING NEWS

Greetings!

PEER TO PEER RESOURCE: CAP grantee Medical Care Access Coalition (M.C.A.C.) of Marquette, Michigan has offered to share some of its excellent resources with peer CAP communities. M.C.A.C. has created several innovative marketing materials for outreach purposes. One item includes an outreach video used for speaking engagements with Rotary, Kiwanis, and other community organizations that would like a basic understanding of the M.C.A.C. CAP project. M.C.A.C. also created a more detailed PowerPoint presentation that is updated and tailored for specific audiences. It has been presented to several medical societies and new access agencies in various communities. For more information, please visit M.C.A.C.'s website at <http://www.upmcac.org> or contact Tom Viviano, M.C.A.C. Executive Director at tviviano@penmed.com.

TA REQUEST REMINDER: For general TA requests, please submit these via the CAP website online *TA Request Form*. Please make sure that the form is completed correctly -- listing your CAP Primary Contact, grant number and all other requested information. Incomplete TA forms will result in delayed action on your TA requests. Please allow at least two weeks for processing.

Thanks!

Diana

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Technical Assistance Calls

Technical assistance calls for grantees are held every other Thursday from 2 to 3 PM EST. The schedule for March appears below. **Please note that due to availability of speakers we will be having three calls this month.** To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website: www.capcommunity.hrsa.gov. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact scampbell@mac1988.com or call 301-468-6006 x437.

CAP TA Calls	
Date	Topic
March 6	Oral Health Part II: Capacity Building and Program Implementation This will be part two of a three-part series focusing on various issues surrounding oral health access, resources and programs for uninsured, underinsured and underserved populations. Our featured speakers will be Lawrence Hill, D.D.S., M.P.H. of the Cincinnati Health Department Cincinnati, Ohio, and Michael Head, Project Director of the Cincinnati Health Network, Inc.'s Community Access Program. Our speakers will share their extensive experience in working with various public and private organizations, programs and providers to leverage resources and improve access to oral health services for Cincinnati's uninsured and underserved populations.
March 13	How to Write "SMART" Goals and Objectives Beginning with the end in mind, well-written goals and objectives make program implementation and evaluation simple. This TA call will provide grantees with a helpful method on how to write SMART goals and objectives. Using examples from CAP grantees, participants will learn how to rewrite goals and objectives the SMART way. In addition, they will learn how to tie goals and objectives to community needs and learn how to evaluate progress.
March 20	National Partner Resources The Bureau of Primary Health Care has many existing partnerships and key contacts with national organizations that are teaming with us to assist communities like yours nationwide in improving access and building coordinated systems of care. This call will be led by CAP Program Manager and National Partner Liaison, Rick Wilk and will feature representatives from the United Way of America, the Access Project, and the National Association of Counties (NACo). The panel will discuss the many opportunities and resources their organizations offer to broaden and strengthen CAP initiatives.

With the exception of calls related to legal issues, many TA calls are summarized and posted on the CAP website (www.capcommunity.hrsa.gov). Legal issue briefs are posted on the site under legal issues and require a password, which may be obtained by emailing Sherilyn Adams (sadams@hrsa.gov). You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

Salud a Su Alcance New York, New York

The Salud a Su Alcance (SASA) New York CAP coalition includes the Morris Heights Health Center, Urban Health Plan, and Community Healthcare Network, Alianza Dominicana, the New York Presbyterian Hospital; and Columbia University. SASA's service area includes Harlem, Washington Heights, Inwood, South Bronx, and Morris Heights, neighborhoods home to some of the most medically indigent patients in New York City. One of the most successful SASA projects has been the C.A.R.E. Project, which is intended to reduce emergency room utilization through innovative measures that include care coordination, advocacy, reconnaissance, and education.

Proprietary software called the "Event Monitor" identifies frequent emergency room users and notifies a Health Priority Specialist by email when a patient registers in the emergency room for the fourth time in the past six months. The Health Priority Specialist then contacts the patient to begin a thorough assessment of barriers and circumstances that led to frequent visits to the emergency room. Based on the information collected, the Health Priority Specialist prescribes a tailored intervention targeting the patient's medical and social needs and addressing access barriers. The Project applies an open dialogue approach adjusted to the patient's culture, beliefs, social and economic circumstances.

Since its inception, C.A.R.E. has contacted over 450 patients who fall into a definition of "frequent flyers." Evaluation conducted thus far demonstrates the following results: For 404 patients evaluated 3 months post-intervention, the average number of emergency room visits per person has reduced from 4.36 measured at 6 months pre-intervention to .72 visits per person. For 300 patients evaluated 6 months post-intervention, the average is .44 visits per person, and for 190 patients evaluated 9 months post-intervention; the average fell to .31 visits per person. The percent reduction at 3 months, 6 months, and 9 months is 83 percent, 92 percent, and 97 percent respectively.

The success demonstrated by this project has garnered substantial interest and in-kind contributions from Columbia University and New York Presbyterian Hospital to sustain and expand the project. The Director of Research of the Center of Family Medicine from Columbia University will assist SASA in furthering the local evaluation effort. The Medical Informatics Department will invest resources to expand the capacity of the technology in developing a more robust Event Monitor that will be used throughout the institution, built on the concept and experience originated from C.A.R.E. Finally, based on the positive response from patients who have received C.A.R.E.'s intervention, New York Presbyterian Hospital recently hired an additional Health Priority Specialist for the C.A.R.E. Project allowing the project to double the patient caseload volume. Contact Anita Lee R.Ph., MPH at alee3seung@aol.com for additional information.

Sangre de Cristo Community Health Partnership Santa Fe, New Mexico

Sangre de Cristo Community Health Partnership has partnered with the Joslin Diabetes Center of Boston, Massachusetts. As a result, the Joslin Vision Network will provide clinical services and equipment needed for the Sangre-CAP partnership to conduct non-dilated retinal screening for diabetic patients in New Mexico's rural communities. Staff attended training in Boston to learn how to operate this state-of-the-art equipment. The collaborative anticipates using the equipment at the four main Community Health Center sites in order to perform the recommended annual Retinal Screening on as many uninsured diabetic patients as possible. If a patient is diagnosed with diabetic retinopathy, they are referred to the program's contracted ophthalmologists at no cost to the patient. When caught early enough, retinopathy can be treated and blindness prevented.

Through a partnership with the New Mexico Department of Health, this grantee has also obtained free glucose monitors and other diabetic supplies, and may purchase test strips at a discounted rate. Diabetic patients enrolled

in the Sangre-CAP program receive a meter with enough test strips to allow twice a day testing for an entire year! Patients who receive the meters and strips are tracked via a pre-glucose testing known as glycosalated hemoglobin (HgbA1c). A second HgbA1c is done six months later to demonstrate how glucose monitoring can help patients maintain better glucose control, and a final HgbA1c is done at one year to track overall improvement. Contact Elaine Montano MSN, FNP at montano@transedge.com for additional information.

Health Access Project (HAP) Salt Lake City, Utah

Through a partnership initiated this fall by the Health Access Project (HAP) and the University of Utah School of Medicine, fourth year medical students have an opportunity to complete their community project with the CAP grantee. Students donate approximately 40 hours over the course of four weeks to help HAP accomplish special projects. One medical student worked with the HAP Multicultural Services Coordinator to recruit volunteer medical interpreters by personally contacting local agencies and educational institutions, as well as through mass mailings and posting flyers in key

areas such as universities and libraries. Over the course of three months, HAP recruited and oriented 29 medical interpreters who speak six different languages. Through the success of this project, by December, 70 percent of interpreting appointments arranged by HAP were provided by volunteer interpreters, compared to only 13 percent in September!

In July 2002, the State of Utah Medicaid Program implemented a new 1115 Medicaid Waiver that provides a limited primary care benefit package to individuals previously ineligible for Medicaid. While HAP enrolls all eligible clients in the new Medicaid program, they have also developed a mutually beneficial partnership with the State to help Medicaid obtain donated specialty care for waiver clients through the HAP Volunteer Physician Network. The State has also assisted HAP in the development of its program evaluation and recently completed an analysis of Utah Emergency Department data using the John Billings NYU algorithm available to CAP communities. It then presented its finding to the Coalition. Contact Tanya Kahl at tkahl@chc-ut.org for additional information.

GRANT OPPORTUNITIES AND AWARDS

Local Initiative Funding Partners Program, 2004

Application deadline: July 15, 2003

The Local Initiative Funding Partners program is a partnership between the Robert Wood Johnson Foundation (RWJF) and local grant makers that supports innovative, community-based projects to improve health and health care for the underserved and at-risk populations. Under LIFP, local grantmakers (such as community foundations, family foundations, corporate grantmakers, and others) propose a partnership with RWJF to fund a new initiative. Grants may be made to community non-profit organizations or institutions. A local funder must nominate your project for this grant. Local Initiative Funding Partners provides grants of \$100,000 to \$500,000 per project over a three or four-year period which must be matched by local grantmakers. Up to \$8 million will be awarded in 2004. Visit: <http://rwjf.org/applying/fpDetail.jsp?cfpCode=LFP&type=open>.

Telehealth Network Grant Program

Deadline: April 7, 2003

The Telehealth Network Grant Program will award approximately 20 grants to eligible organizations to develop telehealth projects in rural areas, in medically underserved areas, in frontier communities, and for medically underserved populations.

The goals of the Telehealth Network Grant are to (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and (c) expand and improve the quality of health information available to health care providers, patients and their families. Individual grants of up to \$250,000 per year for up to three years will be awarded. The application guidance and additional information for the program are available at: <http://telehealth.hrsa.gov/grants.htm>.

Candle Foundation Grants

Deadline: May 1, 2003

The Candle Foundation is accepting 2003 funding cycle applications in five categories, including preventive health services and medical research. Grants ranging from \$1,000 to \$10,000 will be made to non-profit organizations

with a 501c3 status. For complete funding guidelines, application forms and a list of projects recently funded by the foundation, visit: http://www.candle.com/www1/cnd/portal/CNDportal_Channel_Master/0,2179,2683_2933,00.html.

CONFERENCES, PROGRAMS, AND OTHER NEWS

Cover the Uninsured Week

March 10-March 16, 2003

The United Way of America (UWA) is working with government and foundation partners to improve access to health care and eliminate health disparities. As part of this effort, UWA has joined the Robert Wood Johnson Foundation and other national organizations for Cover the Uninsured Week, a major effort to establish the issue of the uninsured as a top national priority and to encourage the nation to seek solutions for the more than 41 million Americans who have no health insurance. As part of this public awareness campaign, a weeklong series of national and local events will take place from March 10 through March 16, 2003. United Ways are planning diverse activities in collaboration with hospitals, universities, churches and community-based organizations across the country. For more information about UWA's partnerships and Cover the UninsuredWeek, visit: <http://national.unitedway.org/mobilization/zero/>.

Small Area Estimates of Health Insurance Coverage Workshop

March 10th, 2003 Washington, DC

The 2003 State Health Access Data Assistance Center (SHADAC) CPS Workshop on "Small Area Estimates of Health Insurance Coverage" will highlight approaches to producing estimates of the uninsured, as well as health insurance offer rates by employers, in small sub-state areas (counties, cities, regions). The U.S. Census Bureau, the Agency for Healthcare Research and Quality (AHRQ), and analysts in several states are currently developing these approaches. The workshop will also address the importance of sub-state estimates within the national and state health policy contexts. To register online, visit: <http://www.shadac.org/events/> or for more information contact Michael Davern at daver004@umn.edu.

REPORTS AND ISSUE BRIEFS

Cost of Covering the Uninsured

Uninsured Americans received about \$35 billion in uncompensated health care treatment in 2001, with federal, state and local governments covering potentially as much as 85 percent, according to a new report for the Kaiser Commission on Medicaid and the Uninsured (KCMU) recently published in the journal *Health Affairs*. The authors also report that even though the data show that uninsured people are receiving care, they receive less than people who are fully insured. Including out-of-pocket

payments and uncompensated care, Americans uninsured for a full year averaged \$1,253 per person in medical care costs, about half of what people with full-year private insurance received. Their out-of-pocket payments covered 35 percent of the cost of the care they received. Many studies have also shown that uninsured individuals delay care and end up becoming more ill and more costly than those with insurance. Visit: http://www.healthaffairs.org/WebExclusives/Hadley_Web_Excl_021203.htm.

State Lessons on Quality and Coverage

A new Commonwealth Fund publication, *Expanding Health Insurance Coverage: Creative State Solutions for Challenging Times* describes a range of expansion models that states might want to consider once the economy rebounds. The authors draw lessons from 10 states that have made substantial progress in expanding coverage, as well as 20 states that have received federal HRSA grants to prepare for future expansion efforts. Common to many of the "creative solutions" is an emphasis on collecting state-specific data on uninsured populations, building public/private partnerships, and creating a common enrollment process for all state coverage programs. To access the publication visit: http://www.cmwf.org/programs/insurance/silow-carroll_creativestate_596.pdf.

State Dental Practice Laws and Oral Health Care for Low-Income Children

This new report from the Center for Health Services Research and Policy (CHSRP) examines state dental practice laws and the extent to which they encourage alternative models of delivering preventive oral health care.

The project encompasses two distinct study components: 1) Analysis of existing state dental statutes and regulations and 2) Case studies to examine the enactment of public health-oriented provisions encouraging alternative models of delivering preventive oral health care to low-income children -- and the development and implementation of such alternative models. To access the report visit: http://www.gwhealthpolicy.org/downloads/Oral_Health.pdf.

WEB RESOURCES

New Rural Assistance Center

The Rural Assistance Center (RAC) is a new national resource on rural health and human services information. Their information specialists are available to provide customized assistance, such as performing web and database searches on rural topics and funding resources, linking users to organizations, and furnishing relevant publications from the RAC resource library. Other features that will be available soon include: a searchable database, a Congressional bill tracking feature, and a quarterly newsletter. For more information please visit: <http://www.raconline.org/> or call: 1-800-270-1898.

Oral Health Focus

Looking for additional oral health resources? Thanks to the wonderful grantee suggestions on our last TA call, the following sites may assist you in your search:

National Foundation of Dentistry for the Handicapped (NFDH)

<http://www.nfdh.org/>

An affiliate of the American Dental Association and state and local dental associations, the Foundation is a national charitable organization

solely dedicated to meeting the needs of citizens with physical, medical, and mental disabilities.

Access to Baby and Child Dentistry (ABCD)

<http://www.abcd-dental.org>

ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one in Washington state. The first ABCD program opened for enrollment in Spokane, Washington in February 1995 as a collaborative effort between several partners in the public and private sectors. Its success has led other county dental societies and health districts in Washington to adopt the program, as well as prompted interest from other states.

National Maternal and Child Oral Health Resource Center (OHRC)

<http://www.mchoralhealth.org/>

The National Maternal and Child Oral Health Resource Center (OHRC) supports health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for infants, children, adolescents, and their families. The resource center collaborates with federal, state, and local agencies; national and state

organizations and associations; and foundations to gather, develop, and share quality and valued information and materials.

National Oral Health Information Clearinghouse (NOHIC)

<http://www.nohic.nidcr.nih.gov/data.html>

The National Oral Health Information Clearinghouse (NOHIC), a service of the National Institute of Dental and Craniofacial Research, produces and distributes patient and professional education materials including fact sheets, brochures, and information packets. NOHIC also sponsors the Oral Health Database, which includes bibliographic citations, abstracts, and availability information for a wide variety of print and audiovisual materials. NOHIC staff provide free custom or standard searches on specific special care topics in oral health. NOHIC is staffed by health information specialists who can address your information needs, refer you to other helpful organizations, and provide or direct you to current materials that target your interests and concerns.

Oral Health in America: A Report of the Surgeon General

<http://www.nidcr.nih.gov/sgr/oralHealth.asp>

This first-ever Surgeon General's report on oral health released in 2000 identifies a "silent epidemic" of dental and oral diseases that burdens some population groups and calls for a national effort to improve oral health among all Americans. The report covers areas such as: enhancing the public's understanding of the meaning of oral health and the relationship of the mouth to the rest of the body; raising the awareness of the importance of oral health among government policy makers; and educating non-dental health professionals about oral health and disease topics and their role in assuring that patients receive good oral health care.

Volunteers in Health Care (VIH)

<http://www.volunteersinhealthcare.org/resource.htm#Dental>

VIH is a national resource center funded by the Robert Wood Johnson Foundation for organizations and clinicians caring for the uninsured. VIH has a special focus on using volunteer clinicians to provide medical, dental and other health care services and provides numerous tools, publications and resources.

Watch Your Mouth - A Campaign to Improve Children's Oral Health

<http://www.kidsoralhealth.org/>

Watch Your Mouth uses coalition development, policy mapping and consensus building, public service advertising, and earned media to raise the salience of children's oral health.

Washington State was chosen as the pilot locale, anticipating that a positive assessment of the campaign's impact in one state would allow it to expand to other states as a model.

Pipeline, Profession & Practice: Community-Based Dental Education Program

<http://dentalpipeline.columbia.edu/>

Pipeline, Profession & Practice is a five-year \$15-million national program of The Robert Wood Johnson Foundation with direction and technical assistance provided by the Center for Community Health Partnerships at Columbia University - Health Sciences Division. The program is intended to change the field of dental education and practice by expanding ways in which future dentists work in underserved communities. The program website offers a variety of resources including publications and links on cultural competence, oral health workforce development, Federal, state and local initiatives and more.